

<i>SERFF Tracking Number:</i>	<i>WSFG-125310969</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westfield Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026293</i>
<i>Company Tracking Number:</i>	<i>071201ARGLWFFO</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>CL General Liability</i>		
<i>Project Name/Number:</i>	<i>IL 7013/071201ARGLWFFO</i>		

Filing at a Glance

Company: Westfield Insurance Company

Product Name: CL General Liability

SERFF Tr Num: WSFG-125310969 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: AR-PC-07-026293

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 071201ARGLWFFO

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Kimberly Tanner

Disposition Date: 10/10/2007

Date Submitted: 10/02/2007

Disposition Status: Approved

Effective Date Requested (New): 12/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/01/2007

Effective Date (Renewal):

General Information

Project Name: IL 7013

Status of Filing in Domicile:

Project Number: 071201ARGLWFFO

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/10/2007

State Status Changed: 10/03/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of the WESTFIELD INSURANCE COMPANY, Subscribers to Insurance Services Office, we wish to revise the effective date of form IL7013 12-06.

This form was previously filed with your department on 11/6/06, SERFF Filing number WSFG-125024502.

Due to system constraints, we were unable to implement this particular form at that time.

Attached are the following:

Final printed form:

IL 7013 12-06– Exclusion-Lead - revision of IL 7013 (04-04)

SERFF Tracking Number: WSFG-125310969 State: Arkansas
 Filing Company: Westfield Insurance Company State Tracking Number: AR-PC-07-026293
 Company Tracking Number: 071201ARGLWFFO
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: CL General Liability
 Project Name/Number: IL 7013/071201ARGLWFFO

Company and Contact

Filing Contact Information

Kim Tanner, Production Specialist kimtanner@westfieldgrp.com
 One Park Circle (800) 243-0210 [Phone]
 Westfield Center, OH 44251-5001 ()-[FAX]

Filing Company Information

Westfield Insurance Company CoCode: 24112 State of Domicile: Ohio
 One Park Circle Group Code: 228 Company Type: P & C
 P.O. Box 5001
 Westfield Center, OH 44251-5001 Group Name: State ID Number:
 (800) 243-0210 ext. [Phone] FEIN Number: 34-6516838

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westfield Insurance Company	\$50.00	10/02/2007	15908644

SERFF Tracking Number:	WSFG-125310969	State:	Arkansas
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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/10/2007	10/10/2007

SERFF Tracking Number: *WSFG-125310969* *State:* *Arkansas*
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TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
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Project Name/Number: *IL 7013/071201ARGLWFFO*

Disposition

Disposition Date: 10/10/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Prior approval acknowledged and change of effective date acknowledged. Thanks!!

Rate data does NOT apply to filing.

SERFF Tracking Number:	WSFG-125310969	State:	Arkansas
Filing Company:	Westfield Insurance Company	State Tracking Number:	AR-PC-07-026293
Company Tracking Number:	071201ARGLWFFO		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	CL General Liability		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Exclusion - Lead		Yes

SERFF Tracking Number: WSFG-125310969 State: Arkansas

Filing Company: Westfield Insurance Company State Tracking Number: AR-PC-07-026293

Company Tracking Number: 071201ARGLWFFO

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: CL General Liability

Project Name/Number: IL 7013/071201ARGLWFFO

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Exclusion - Lead	IL 7013	12-06	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 IL 7013 04-04 Previous Filing #: WSFG-125024502; SERT 65XFE3537		IL_7013_1206.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - LEAD

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
FARM LIABILITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
FARMOWNERS-RANCHOWNERS POLICY PERSONAL LIABILITY FORM
OWNERS', LANDLORDS' AND TENANTS' LIABILITY INSURANCE COVERAGE PART
FARMER'S COMPREHENSIVE PERSONAL INSURANCE COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

This insurance does not apply to:

- (1)** "Bodily injury", "property damage", "personal injury" or "personal and advertising injury" arising out of lead poisoning, lead contamination or exposure to lead.
- (2)** Any loss, cost or expense arising out of any:
 - a.** Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of lead; or
 - b.** Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of lead.

IL 70 13 12 06

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: *WSFG-125310969* *State:* *Arkansas*
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** 10/02/2007

Comments:

Attachment:
2007 12-01 AR PCTD-1.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<table><tr><td>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</td></tr><tr><td><div><div>Check #:</div><div>Amount:</div></div></td></tr></table>	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]	<div><div>Check #:</div><div>Amount:</div></div>
Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]			
<div><div>Check #:</div><div>Amount:</div></div>			
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.			

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	